Δ	PI	ıhl	ic	Do	CI	m	ent	
		AMI		-u				

I. Agency Name	Date Stamp California Q02						
County of Los Angeles		Form OUZ					
Division, Department, or Region (if applicable)		For Official Use Only					
Board of Supervisors, Fifth District	10 10 10 10 10 10 10 10 10 10 10 10 10 1						
Designated Agency Contact (Name, Title)							
Sandra Cruz, Ticket Administrator			Amendment (Must )	Provide Explanation in Part 3.)			
Area Code/Phone Number E-mail							
(213) 974-5555 scruz@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)			
2. Function or Event Information							
Does the agency have a ticket policy? Yes	⊠ No□ F	ace Value of I	Each Ticket/Pass \$ $\frac{4}{}$	5.00			
Event Description: Dodger Tickets			03 / 17				
Provide Title/ Exp.	lanation						
Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ If	no: Los Ange					
		1/00:	Name of Source				
Was ticket distribution made at the behest Yes	I No⊠ "	yes:	Official's Name (Last, First)	12			
of agency official?							
3. Recipients							
• Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy			
B. Name of Individual	Number of Ticket(s)/		Identify one of the	following:			
(Last, First)	Passes						
Senneff, Rich	2	1	nonial Role  Other Cing "Ceremonial Role" or "Other" de Sec 5.3(h)				
			ionial Role Other Cing "Ceremonial Role" or "Other" de	SARE SELECTION			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy			
				-			
l. Verification							
I have read and understand FPPC Regulations 1894	4.1 and 18942. I	have verified t	hat the distribution set f	orth above, is in accordance			
with the equirements.				, ,			
Santly of Sa	indra Cruz		Ticket Administrator	4/20/19			
70	Print Name		Title	(month, day, year)			
Comment:							

	gency Report of: eremonial Role Even	ts and Tick	ΔΕ	Public Document				
	Agency Name County of Los Angeles Division, Department, or Reg					Date Stamp	California 802 For Official Use Only	
	Board of Supervisors, Fifth I  Designated Agency Contact	· · · · · · · · · · · · · · · · · · ·						
	Sandra Cruz, Ticket Administrator  Area Code/Phone Number   E-mail     (213) 974-5555			nov		Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:		
2.	Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐				Face Value of Each Ticket/Pass \$ 45.00			
	Event Description: Dodger Tickets  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No			Date(s) 04 / 04 / 17  If no: Los Angeles Dodgers				
	Was ticket distribution made of agency official?				If yes:	Name of Source Official's Name (Last, First)		
3.	Recipients							

of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  Ticket Policy Sec 5.3(h)
	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/

4.	Verification

Comment: \_

I have read and unde	erstand FPPC	Regulations	18944.1 and	18942. I ha	ve verified	l that the	distribution	set forth	above,	is in acc	corda	nce
with the requirement	S.											,

Sandre Cer	Sandra Cruz	Ticket Administrator	4/20/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodger Tickets Date(s) \_\_04 05 17 Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other | Income Staff If checking "Ceremonial Role" or "Other" describe below: 2 Ticket Policy Sec 5.3(k)

			¥					
4.	Verification							
	I have read and understand FPPC Regulations 18944, with the requirements.	.1 and 18942. I	have verified that the distribution set forth above, is in accordance					

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

Ceremonial Role

Sandra Cruz Ticket Administrator

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Income

Other \_

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below

Agency Report of: Ceremonial Role Eve	nts and Ticket/P	ass Distri	butions	A	A Public Document
I. Agency Name	W-0			Date Stamp	California 802
County of Los Angeles			Form OUZ		
Division, Department, or Re	gion (if applicable)			1	For Official Use Only
Board of Supervisors, Fifth	District				
Designated Agency Contact	(Name,Title)				
Sandra Cruz, Ticket Admir	nistrator			Amondment at	D :1 5 1 " : D (0)
Area Code/Phone Number	E-mail	- Web. 1977		Amendment (Must	Provide Explanation in Part 3.)
(213) 974-5555	scruz@bos.lacoun	ty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation				45.00
Does the agency have a ti	cket policy? Yes!	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 4	5.00
Event Description: Dodger	Tickets		ate(s) 04	0617	1 1
Event Decomption.	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provide	d by agency? Yes I	□ No 🛛 If	no: Los Ange	eles Dodgers  Name of Source	
Was ticket distribution mad	le at the behest Yes!	□ No⊠ <sup>If</sup>	yes:	Official's Name (Last, First)	
of agency official?	•			Official's Name (Last, First)	
3. Recipients		II. C. C. D.	1	led attended on the	
Use Section A to identify the ago	ency's department or unit.	Number	T Individ	iual. • Ose Section C to ider	itily an outside organization.
			e public purpose made pu	rsuant to the agency's policy	
		Number			
	B. Name of Individual (Last, First)			Identify one of the	following:
Sheriff's Security Opera	2		nonial Role		
8			1	nonial Role Other C	Income escribe below:
	C. Name of Outside Organization (include address and description)		Describe th	e public purpose made pu	rsuant to the agency's policy
l Vanification					
l. Verification	'DDO Damile'i 4004	1.4	I have verified	that the distribution of	faulth albaire to to come to
I have read and understand F with the requirements.	PPC Regulations 18944	and 18942.	i nave verified	tnat the distribution set i	roπn above, is in accordan
with the requirements.					11/11/11
Sandra Ch		ndra Cruz		Ticket Administrator	4/17/17
Signature of Agency Head or Desi	g <b>r</b> ee P	rint Name		Title	(month, day, year)

4.	Ver	itica	tion

Comment: \_\_\_\_

Signature of Agency Head or Designee	Sandra Cruz	Ticket Administrator
Signature of Agency Head or Designee	Print Name	Title

**A Public Document** 

1.	Agency Name		Date Stamp California O					
	County of Los Angeles			Form OUZ				
	Division, Department, or Reg	ion (if applicable	)			1	For Official Use Only	
	Board of Supervisors, Fifth	District						
	Designated Agency Contact	(Name, Title)						
	Sandra Cruz, Ticket Adminis	strator				Amendment (Must Pro	vido Evalonation in Bort 3.)	
	Area Code/Phone Number	E-mail				Amendment (Wast F10	vide Explanation in Part 3.)	
	(213) 974-5555	scruz@bos.	acount	y.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	mation		***************************************				
	Does the agency have a tick	ket policy?	Yes 2	No □ F	ace Value of l	Each Ticket/Pass \$ 45.0	00	
	Event Description: Dodger	Tickets			Date(s)04		/ /	
		Provide Ti		ation				
	Ticket(s)/Pass(es) provided	by agency?	Yes [	] No⊠ I	f no: <u>Los Ange</u>	Name of Source		
	Was ticket distribution made	at the behest	Vac F	ו ושוטע ד	f yes:			
	of agency official?		163	I NO M	,	Official's Name (Last, First)		
3.	Recipients							
	Use Section A to identify the agen	cy's department or	ual. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy		
		sett empire					100000000000000000000000000000000000000	
					1			
	D Nome of India	Number						
	B. Name of India (Last, Firs			of Ticket(s)/ Passes		Identify one of the foll	owing:	
	Bell, Tony				Cerem	onial Role Other	Income	
	bell, Torry			2	If check	ecking "Ceremonial Role" or "Other" describe below:		
			l		Ticket Policy	360 3.3(K)		
					Cerem	onial Role Other	Income	
					If check	ing "Ceremonial Role" or "Other" descri	be below:	
	C. Name of Outside Or			Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's noticy	
	(include address and	description)		Passes	December (in	pasio parpose made parsa	ant to the agency's policy	
1.	Verification							
	I have read and understand FPI	PC Regulations	18944.	1 and 18942.	l have verified tl	hat the distribution set forti	h above, is in accordance	
	with the requirements.						/ /	
	Sandra On			Ira Cruz		Ticket Administrator	4/20/17	
	Signature of Agency Head or Designe	ee	Prir	nt Name		Title	(month, day, year)	
	Comment:						-	

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_			W. C.				I abile becament
1.	Agency Name		Date Stamp California Q				
	County of Los Angeles		]	Form OUZ			
	Division, Department, or Reg			For Official Use Only			
	Board of Supervisors, Fifth						
	Designated Agency Contact						
	Sandra Cruz, Ticket Admini		Amendment (Must P.	rovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
	(213) 974-5555	scruz@bos.l	acounty	.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Information						
	Does the agency have a tic	ket policy?	Yes 🛚	No□	Face Value of I	Each Ticket/Pass \$ 45	5.00
	Event Description: Dodger	Tickets			Date(s)04/		
	Event Description.	Provide Tit	le/ Explana	ation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes [	No⊠	If no: Los Ange	eles Dodgers	
					16	Name of Source	
	Was ticket distribution made	e at the behest	Yes [	No⊠	If yes:	Official's Name (Last, First)	-
	of agency official?						
3.	Recipients	112 MILL 1012 CONTROL			195		
	• Use Section A to identify the agen	cy's department or	ual. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Depa			Number of Ticket(s)/		e public purpose made purs	
				Passes			
					+		
	B. Name of Indi			Number of Ticket(s)/		Identify one of the fo	ellowina:
	(Last, Fire	st)		Passes			
	Mouradian, Anna			2	1	onial Role  Other  oing "Ceremonial Role" or "Other" desired Sec 5.3(k)	Income Cribe below:
						onial Role Other ing "Ceremonial Role" or "Other" desc	Income I
						ing octomornal read of other dead	SINC BOIOW.
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Describe Passes		the public purpose made pursuant to the agency's policy	
				. 40000			
ı	Verification						
	I have read and understand FP	PC Regulations	18041 1	and 18042	I have verified #	hat the distribution act for	th shows is in accordance
	with the requirements.	i o Nagulaliolis	10374.1	ana 10942.	mave verilled (f	าละ เทษ นารเทมนเบท 50( 10)	ui audve, is iri accordance
	Sanden 101		Sandi	ra Cruz	,	Ticket Administrator	11/2.1.
	Signature of Agency Head or Design	90	2000 2000 2000 2000 2000	t Name		Title	(month. day year)
		5000				palesto(= 2)	,z.m, day, your)
	Comment:						

-	P 1				
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1. Agency Name	Date Stamp California On					
County of Los Angeles	County of Los Angeles					
Division, Department, or Region (if applica		For Official Use Only				
Board of Supervisors, Fifth District						
Designated Agency Contact (Name, Title)						
Sandra Cruz, Ticket Administrator	Amendment (Must Pr	rovide Explanation in Part 3.)				
Area Code/Phone Number E-mail						
(213) 974-5555 scruz@bo	s.lacount	y.gov		Date of Original Filing: _	(month, day, year)	
2. Function or Event Information						
Does the agency have a ticket policy?	Does the agency have a ticket policy? Yes ☒ №				.00	
Event Description: Dodger Tickets				<u>, 16 , 17</u> 04 , 18 , 17		
	e Title/ Explan	ation	2. P. (2. P. )		01 10 11	
Ticket(s)/Pass(es) provided by agency?	Yes [	No⊠ I	f no: Los Ange			
Mas tisket distribution made at the bab	20t V =		f yes:	Name of Source		
Was ticket distribution made at the behavior of agency official?	est Yes L	」No⊠'	ı yes	Official's Name (Last, First)		
of agency official:						
3. Recipients						
• Use Section A to identify the agency's departmen	ual. • Use Section C to identi	fy an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p				
		Passes				
			<del> </del>	10 100		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
		1 03363	Corom	onial Role Other		
Osuna, Susie		2		ing "Ceremonial Role" or "Other" desc	Income In	
			Cerem	onial Role Other	Income	
			If check	ing "Ceremonial Role" or "Other" desc		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	ket(s)/ Describe the public purpose made pursuant to the a		uant to the agency's policy	
			1			
1. Verification						
I have read and understand FPPC Regulation with the requirements.	ns 18944.	1 and 18942.	I have verified th	hat the distribution set for	th above, is in accordance	
with the regardinents.						
Signature of Agency Hood or Pagings		Ira Cruz		Ticket Administrator	4/20/17	
Signature of Agency Head or Designe€	Prii	nt Name		Title	(month, day, year)	
Comment:					-	

**A Public Document** 

1.	Agency Name		Date Stamp	California OOO			
	County of Los Angeles			Form OUZ			
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors, Fifth I	District					
	Designated Agency Contact	(Name, Title)	1				
	Sandra Cruz, Ticket Adminis	strator	Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail	Amendment (Must Pro	vide Explanation in Part 3.)			
22 11000	(213) 974-5555 scruz@bos.lacounty.				Date of Original Filing:		
2.	Function or Event Inform	mation					
	Does the agency have a tick	ket policy?	Yes⊠ No□	Face Value of	Each Ticket/Pass \$ 45.	00	
	Event Description: Dodger				<u>/ 17 / 17 </u>		
	Ticket(s)/Pass(es) provided		eles Dodgers  Name of Source				
	Was ticket distribution made	at the hehest	Vac 🗆 Na 🖾	If yes:			
	of agency official?	at the beliest	res □ No ⊠	, 55	Official's Name (Last, First)		
	or agency emolar.						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or u	lual. • Use Section C to identify	y an outside organization.			
	A. Name of Agency, Department or Unit		Numbe of Ticket Passes	(s)/ Describe th	Describe the public purpose made pursuant to the ager		
			, 4000		*		
	B. Name of Indiv		Numbe of Ticket Passes	(s)/	Identify one of the foll	owing:	
	Staff		2		nonial Role Other Other Role" or "Other" description (Communication of Communication of Com	Income Income	
	And the second s			\$2000000000000000000000000000000000000	nonial Role Other of "Other" descri	Income D	
	C. Name of Outside Or (include address and	Numbe of Ticket Passes	(s)/ Describe the	e public purpose made pursu	ant to the agency's policy		
					- Was a second		
4	Verification						
		PC Regulations 1	8011 1 and 100	142 I have verified t	that the distribution and for	b abassa la la	
	I have read and understand FPI with the requirements.	– c rtegulalions 1	os44.1 and 189	+∠. I riave veriīlēd t	naι (πe aistribution set forti	n above, is in accordance	
	1. 1 %		Condra C		Tiple of Administration	11/1/	
	Signature of Agency Head or Design	ee	Sandra Cruz		Ticket Administrator	(month day year)	
	gradier	T-5T	, mix manno		TIUC	(month, day, year)	
	Comment:		-				

A Public Document

1.	Agency Name					Date Stamp	California OOO			
	County of Los Angeles			Form 802						
	Division, Department, or Reg	ion (if applicable)		For Official Use Only						
	Board of Supervisors, Fifth I	District								
	Designated Agency Contact	(Name, Title)								
	Sandra Cruz, Ticket Adminis	strator	D Amondment at 18 11 5 1 11 1 1 1							
	Area Code/Phone Number	E-mail	W. W.			☐ Amendment (Must Provide Explanation in Part 3.)				
	(213) 974-5555	scruz@bos.la	county.	gov		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Information	Function or Event Information								
	Does the agency have a tick	ket policy?	Yes 🛛	No □ F	ace Value of I	Each Ticket/Pass \$ 45	.00			
	Event Description: Dodger	Γickets			Date(s)04/					
	Ticket(s)/Pass(es) provided	Provide Title			f no: Los Ange	eles Dodgers				
	ricket(s)/Fass(es) provided	by agency :	Yes 🗌	NO 🔀 I	1 110. <u>2007 ingo</u>	Name of Source				
	Was ticket distribution made	at the behest	Yes □	No 🖾 🏻	f yes:	Official's Name (Last, First)				
	of agency official?					Official's Name (Last, First)				
_	Desiminate									
3.	Recipients		1	•						
	• Use Section A to identify the agen	cy's department or u	nit. • Use	Number	Identity an individ	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Department or Unit			of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency		uant to the agency's policy			
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
	Rankin, Cameron	18993 11		2	If check	onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income			
					Ticket Policy	Sec 5.5(k)				
		51.5X8.11.			Cerem	onial Role Other	Income			
					If check	ing "Ceremonial Role" or "Other" desc				
	W									
	C. Name of Outside Organization (include address and description)			of Ticket(s)/ Describe the public purpose made pursuant to the			ant to the agency's policy			
	(include address and	description)		Passes						
_				7.0						
	Verification	555	00444							
	I have read and understand FPI with the reguirements.	PC Regulations 1	8944.1 8	and 18942.	I have verified ti	hat the distribution set for	th above, is in accordance			
	1. 1. 11	2	Conde	C		Tieket Adesteint	4/21			
	Signature of Agency Head or Design		Sandra Print N			Ticket Administrator	(month day year)			
	Signature of Agency Fledd of Design	<del></del>	i iiit i	.amo		nue	(month, day, year)			
	Comment:									